

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011124

**Entity Name:** HAILEY GARDENS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**May 01, 2024**  
**Secretary of State**  
**3269331658CC**

**Current Principal Place of Business:**

C/O W GROUP PROPERTY MANAGEMENT  
4510 NW 6TH PLACE SUITE 3  
GAINESVILLE, FL 32607

**Current Mailing Address:**

C/O W GROUP PROPERTY MANAGEMENT  
4510 NW 6TH PLACE SUITE 3  
GAINESVILLE, FL 32607 US

**FEI Number: 76-0795245**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FLETCHER, ASHLEY  
C/O W GROUP PROPERTY MANAGEMENT  
4510 NW 6TH PLACE SUITE 3  
GAINESVILLE, FL 32607 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: ASHLEY FLETCHER**

**05/01/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, TREASURER  
Name DESOLO, YUDITH  
Address C/O W GROUP PROPERTY  
MANAGEMENT  
4510 NW 6TH PLACE SUITE 3  
City-State-Zip: GAINESVILLE FL 32607

Title PRESIDENT  
Name HUGHES, BERTRAM  
Address C/O W GROUP PROPERTY  
MANAGEMENT  
4510 NW 6TH PLACE SUITE 3  
City-State-Zip: GAINESVILLE FL 32607

Title VP  
Name KUNDAN, AKSHAY  
Address C/O W GROUP PROPERTY  
MANAGEMENT  
4510 NW 6TH PLACE SUITE 3  
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR  
Name GARCIA, KEVIN  
Address 4510 NW 6TH PLACE  
SUITE 3  
City-State-Zip: GAINESVILLE FL 32607

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BERTRAM HUGHES**

**P**

**05/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date